

State of Georgia
County of Fulton
Affidavit of Residence
(Form A)

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of

_____, and said student lives with the undersigned, and that both
Student
student and the undersigned are bona fide full time residents of Fulton County and that they reside at

_____,
Street City Zip Code

Fulton County, Georgia with _____.
Name of homeowner/apartment lessee

The undersigned further agrees that he/she will notify the Fulton County Board of Education if the parent and/or student ever terminate the above residence in Fulton County while the student is enrolled in a Fulton County school. **If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.**

Signature of Parent/Guardian

Signature of Homeowner/Apartment Lessee

Print Name of Parent/Guardian

Print Name of Homeowner/Apartment Lessee